

Fig. 1

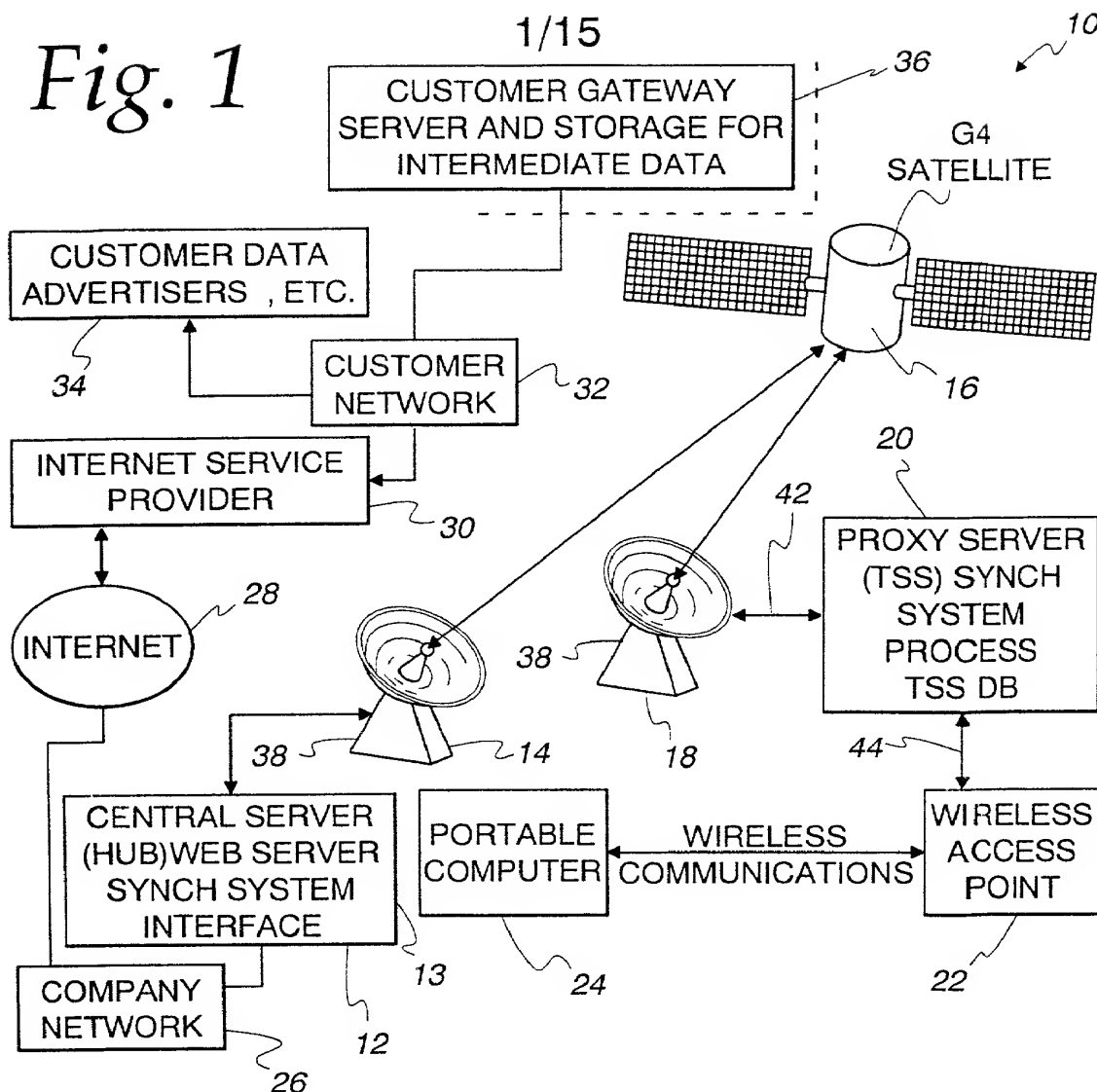


Fig. 2

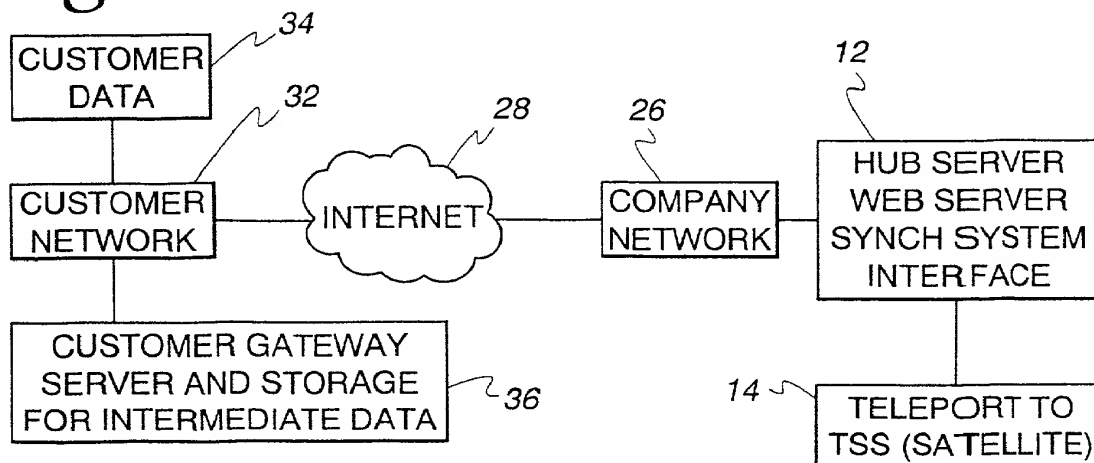


Fig. 3

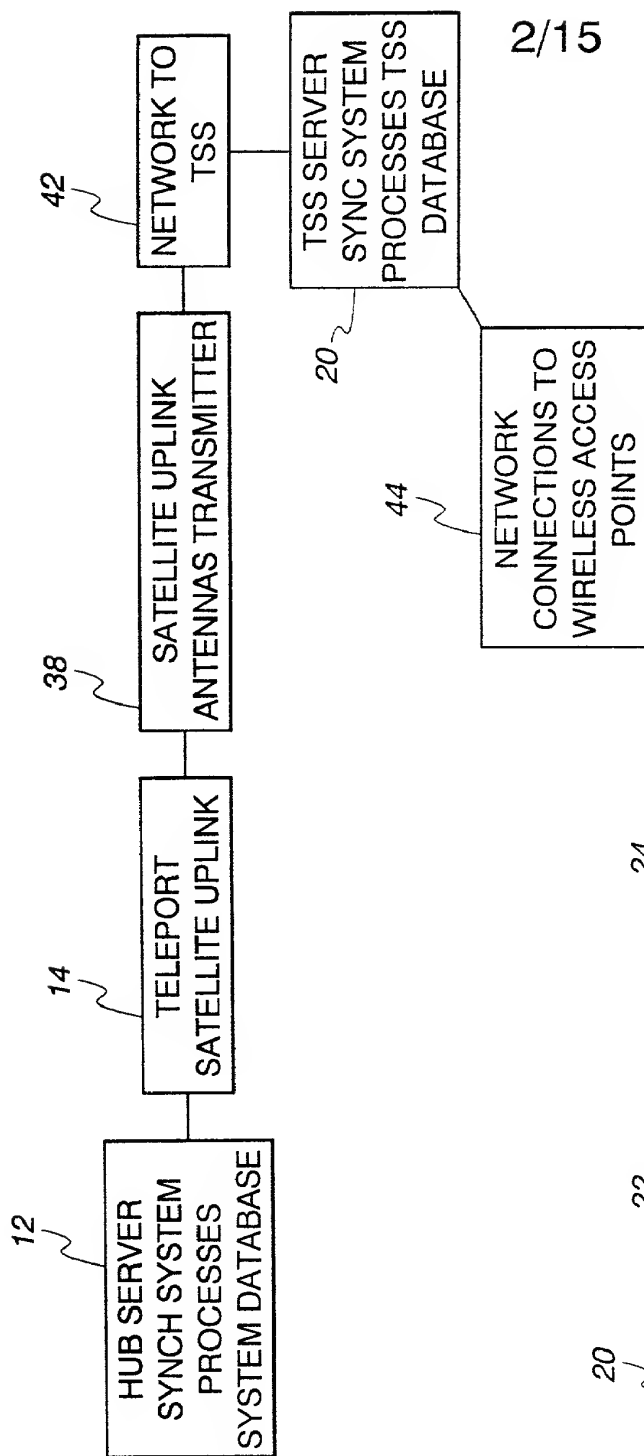


Fig. 4

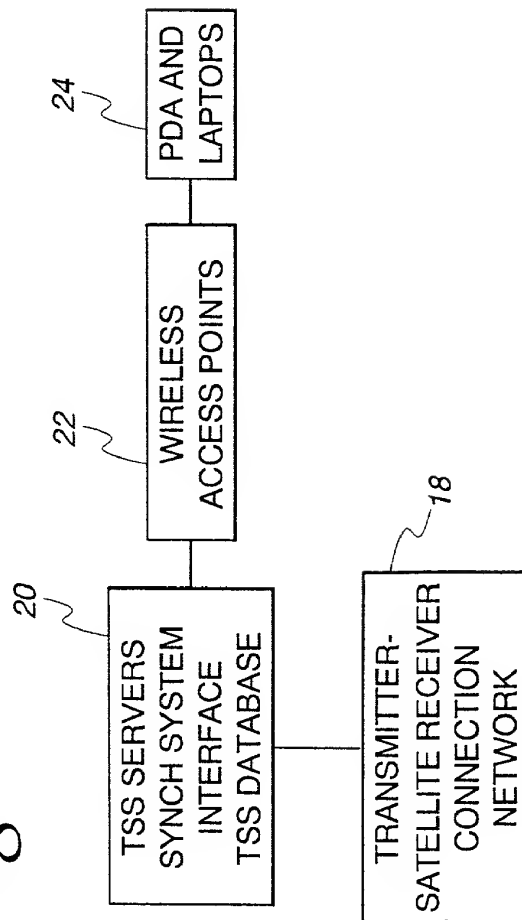


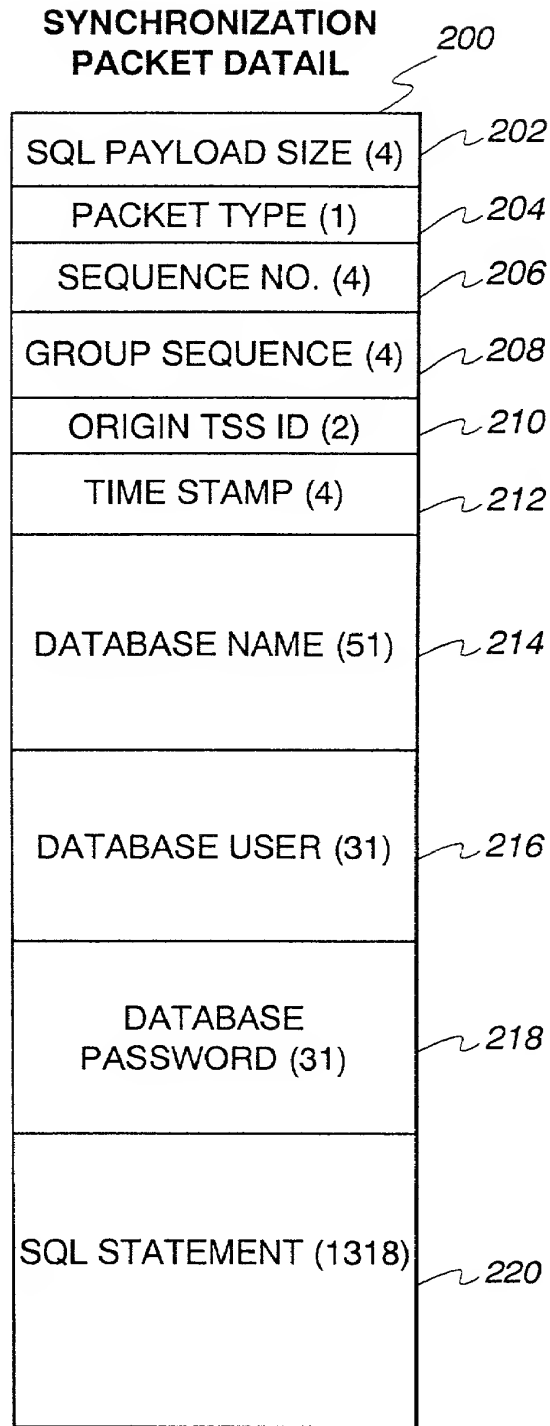
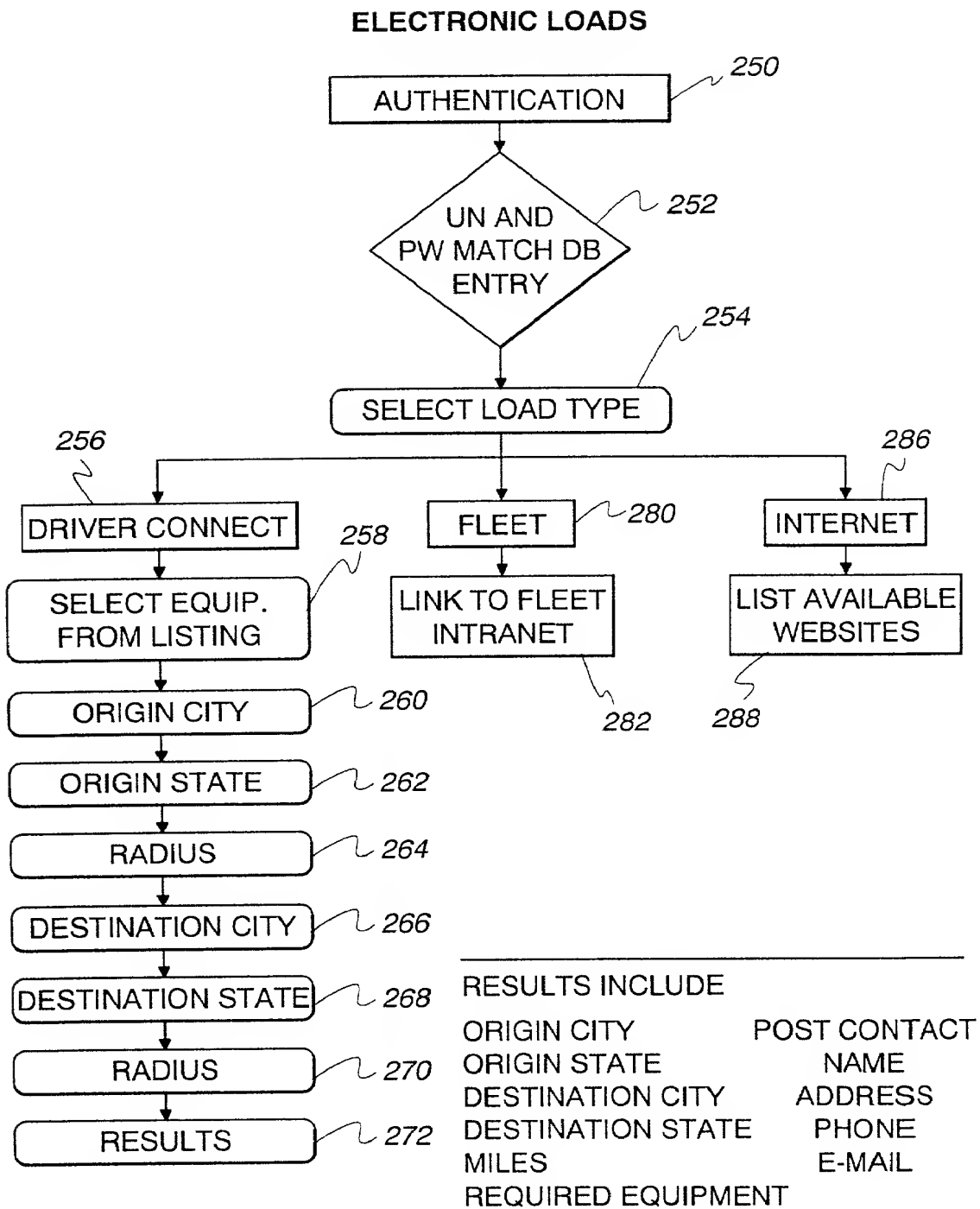
Fig. 5

Fig. 6



6/15

HAZARDOUS MATERIAL		
FLATBED, HAZMAT	FZ	Z
REEFER, HAZMAT	RZ	Z
VAN, HAZMAT	VZ	Z
OTHER EQUIPMENT		
AUTO CARRIRER	AC	O

Fig. 7AA

Fig. 7AB

Fig. 7BA

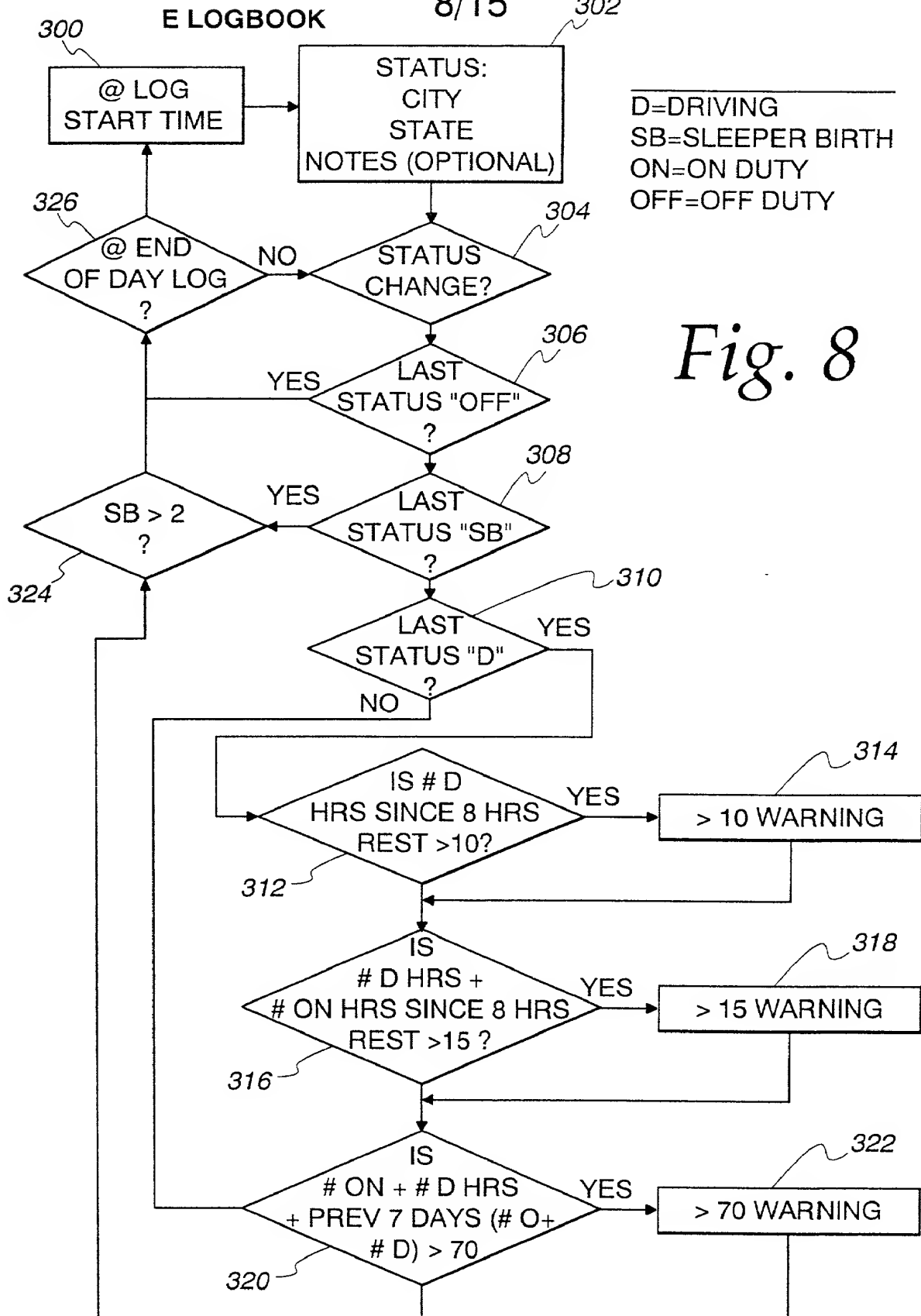
REEFERS			
FLAT/VAN/REEFER	FR		R
REEFER	R		R
REEFER, AIR RIDE	RA		R
REEFER, DOUBLE	R2		R
REEFER, DRIVER TEAM	RM		R
REEFER OR VAN	RV		R
VAN OR REEFER	VR		R
TANKERS			
TANKERS, ALUMINUM	TA		T
TANKER, STEEL	TS		T
VANS, STANDARD			
FLATBED OR VAN	FV		V
FLATBED/VAN/REEFER	FR		V
REEFER OR VAN	RV		V
VAN	V		V
VAN, AIR RIDE	VA		V
VAN, DOUBLE	V2		V
VAN, DRIVER TEAM	VM		V
VAN, INSULATED	VI		V
VAN, LIFTGATE	VG		V
VAN, TRIPLE	V3		V
VAN, VENTED	VV		V

7/15			
VAN OR FLATBED	VF		V
VAN OR FLATBED W/TARP	VT		V
VAN OR REEFER	VR		V
VAN W/CURTAINS	VC		V
VANS, SPECIALIZED			
MOVING VAN	MV		S
VAN, DOUBLE	V2		S
VAN, DRIVER TEAM	VM		S
VAN, TRIPLE	V3		S
VAN, HOTSHOT	VH		S
VAN, INSULATED	VI		S
VAN, OPEN TOP	OT		S
VAN, ROLLER BALL	VB		S
VAN, VENTED	VV		S
VAN W/CURTAINS	VC		S

Fig. 7BB

Fig. 7BA

Fig. 7BB



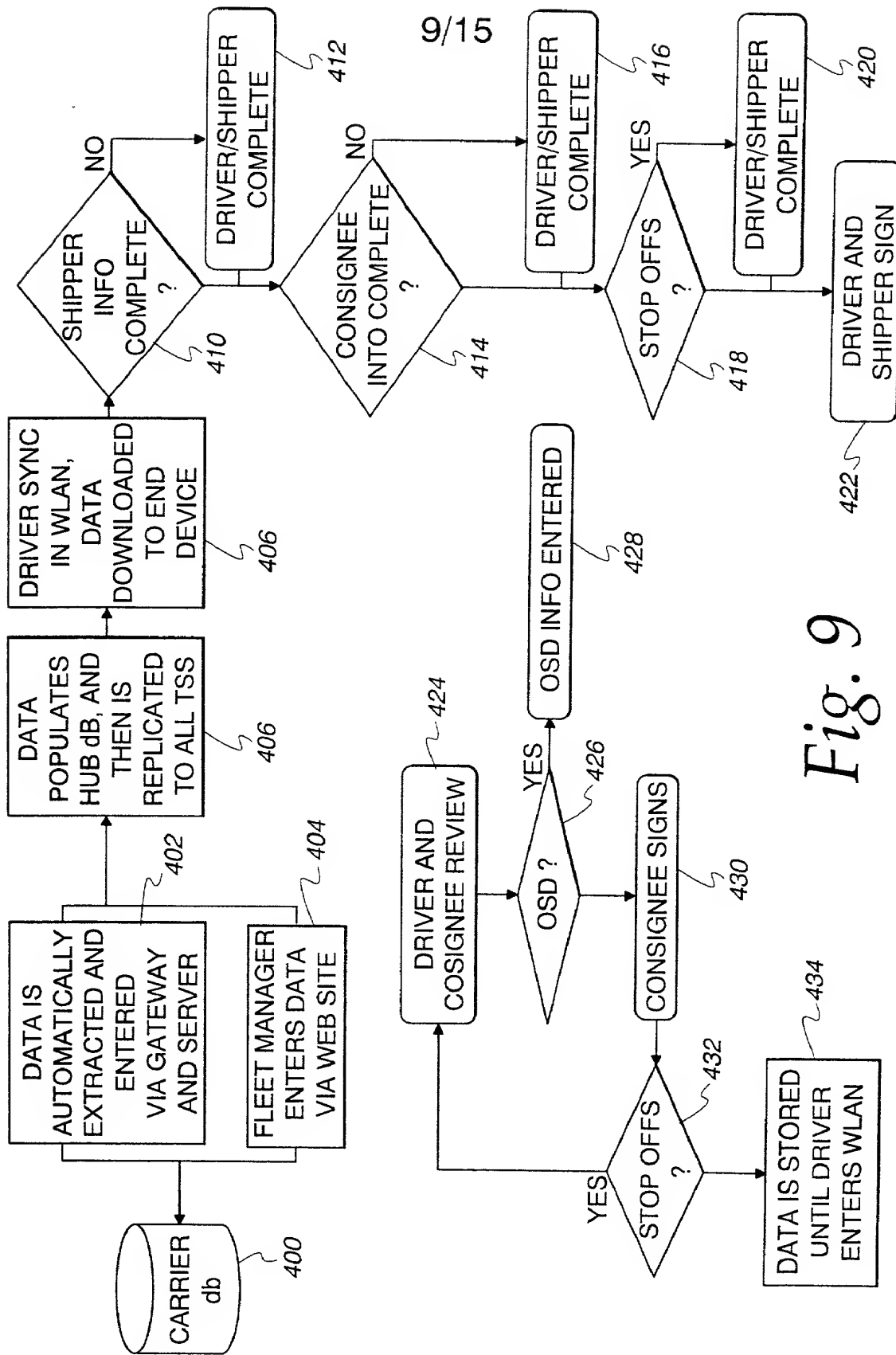
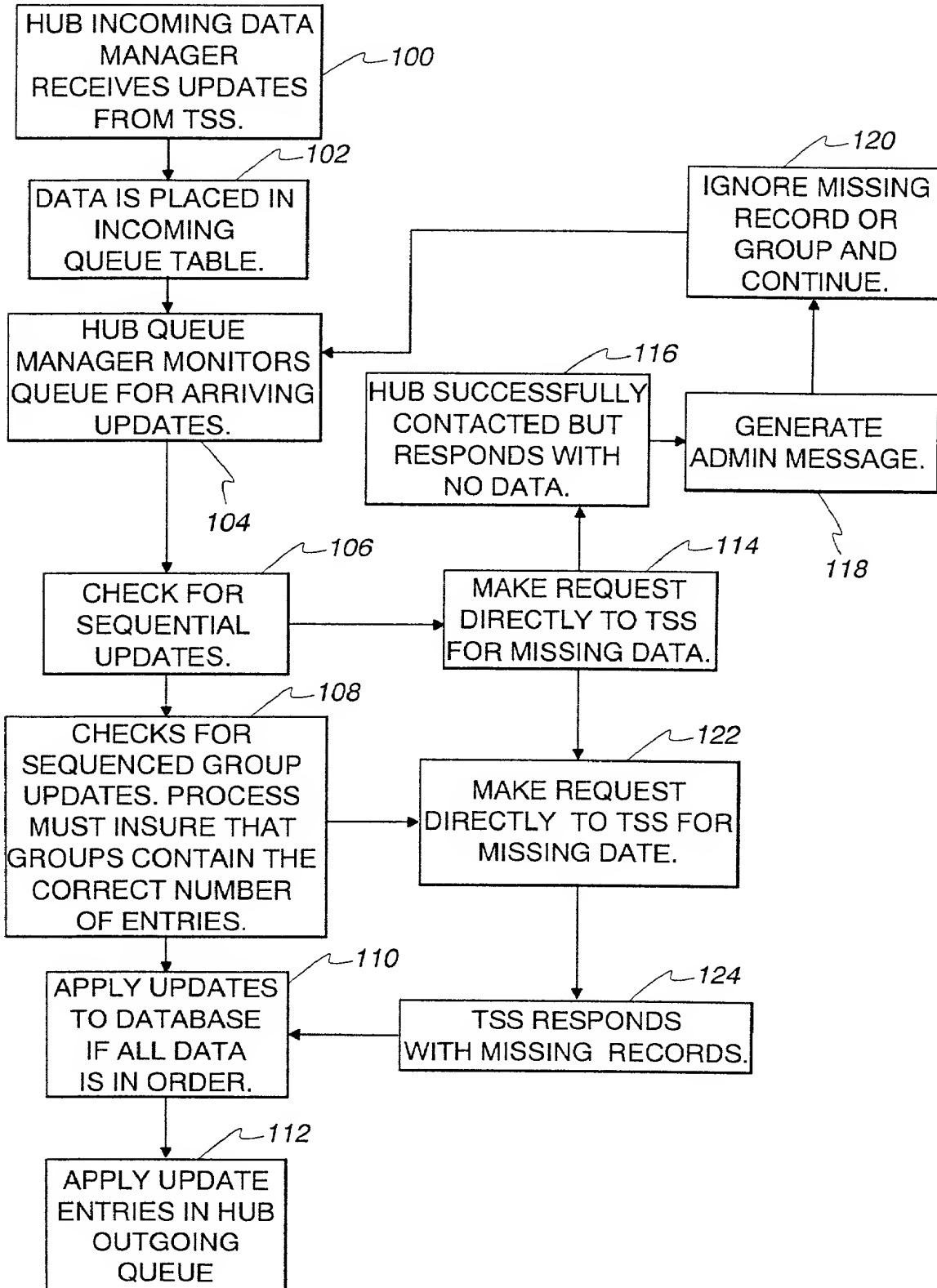


Fig. 9

Fig. 10

10/15

HUB INCOMING DATA MANAGEMENT



09836989.06501

Fig. 11

11/15

HUB OUTGOING DATA MANAGEMENT

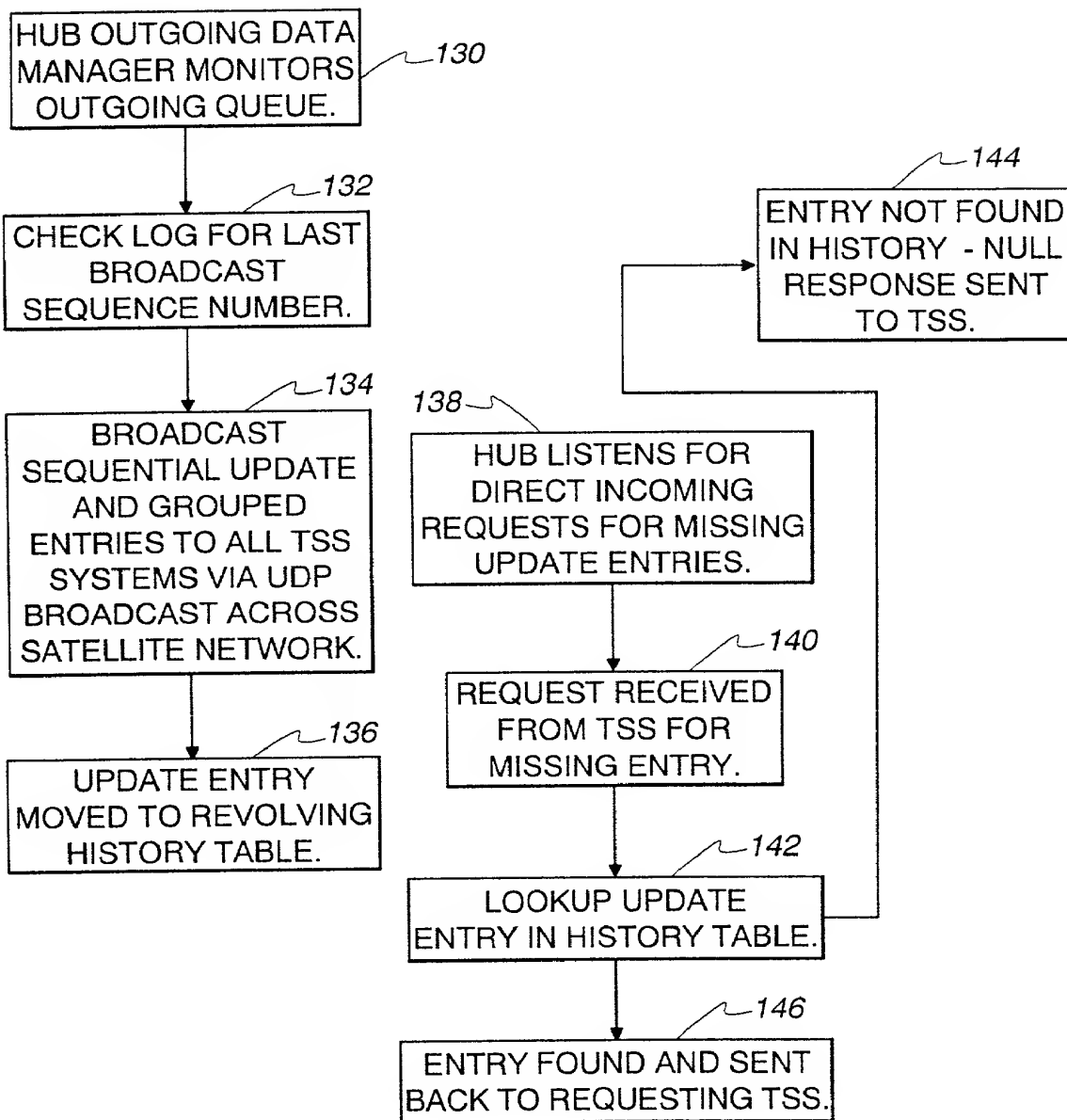
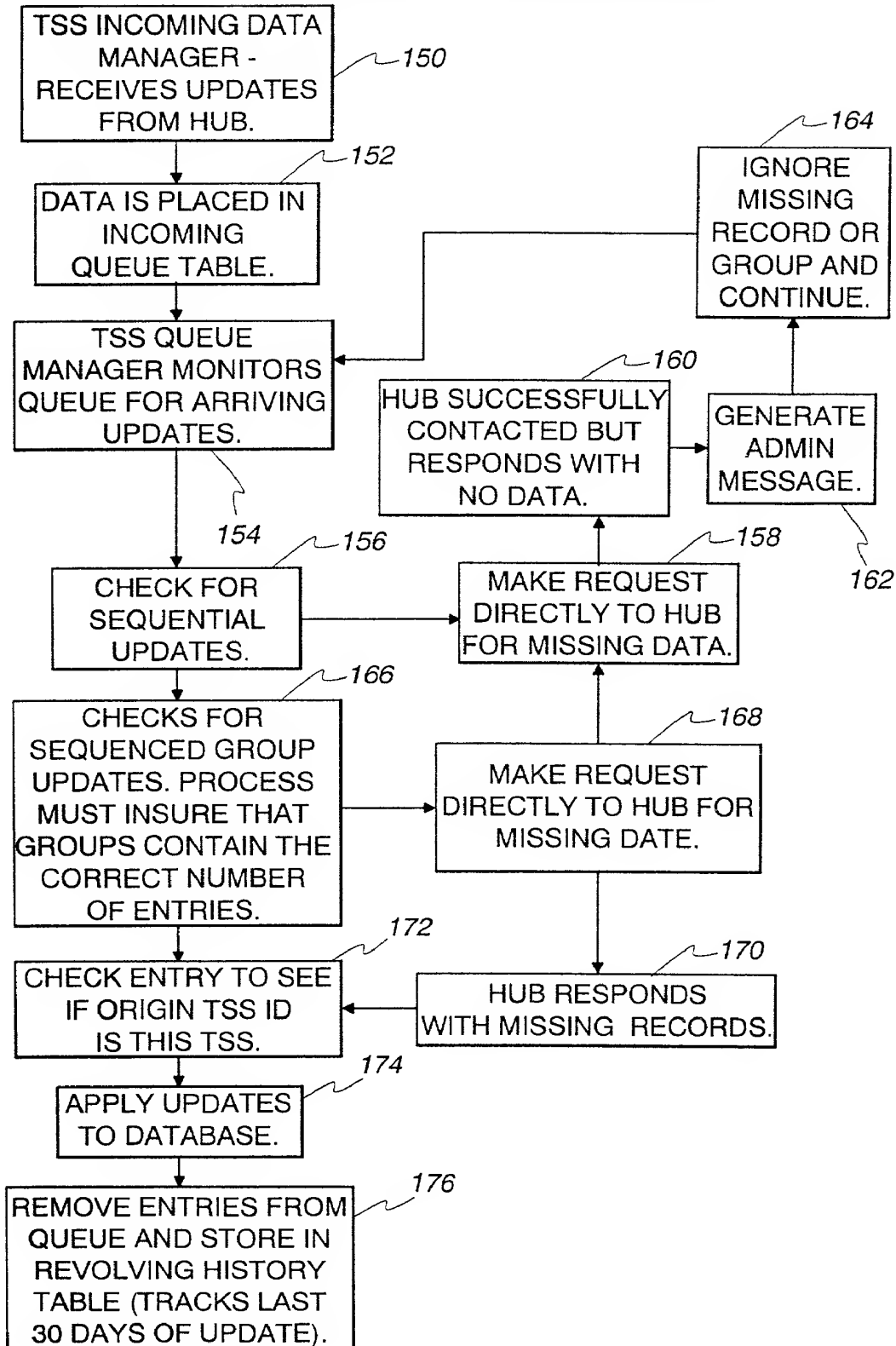


FIG. 11

Fig. 12

12/15

TSS INCOMING DATA MANAGEMENT

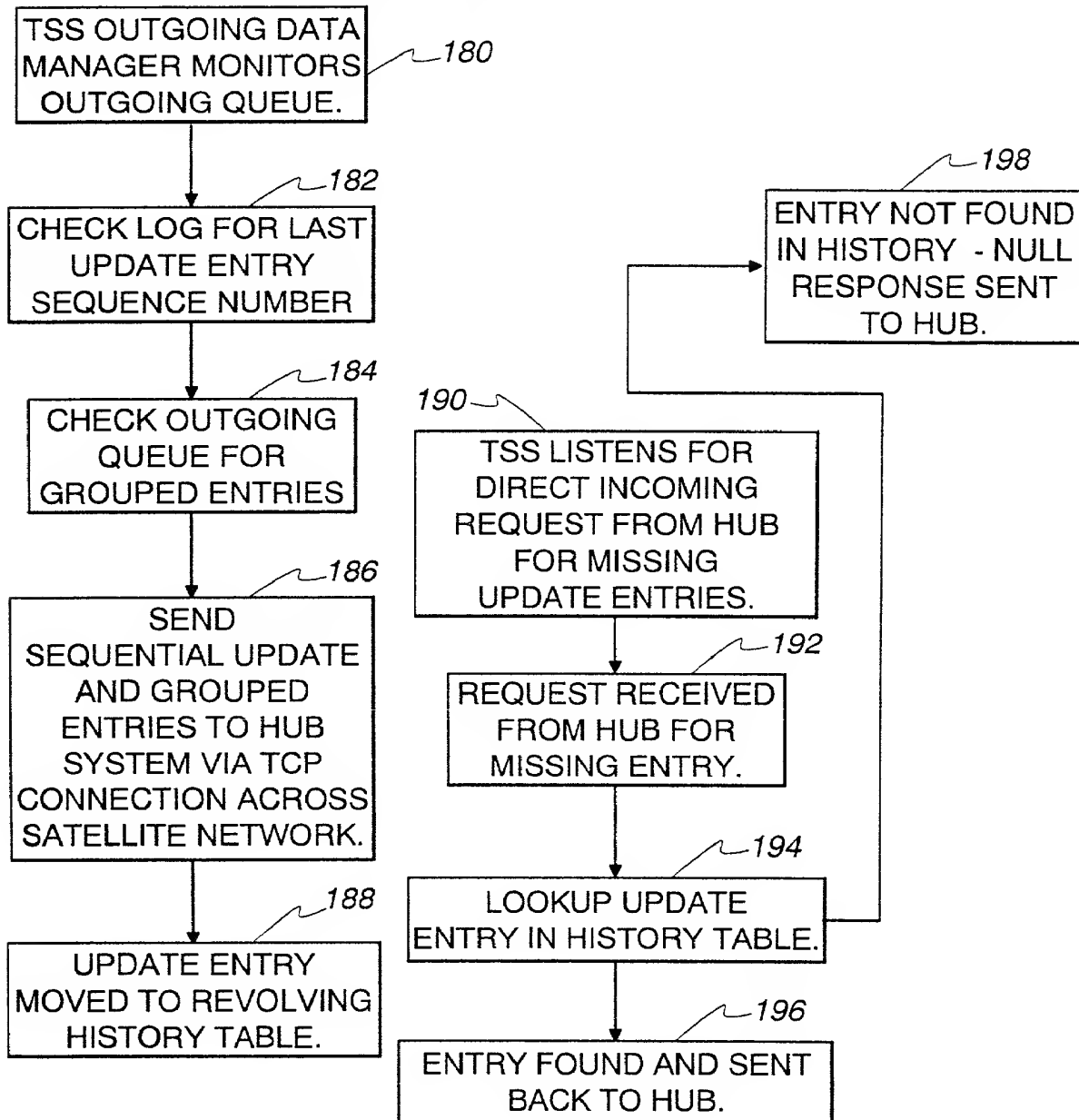


152290 153532800

Fig. 13

13/15

TSS OUTGOING DATA MANAGEMENT



14/15

14/15

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Electronic Freight Bills </div> <p>Welcome! Store your shipping documents and capture all required signatures using this application</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Shipper</td> <td style="width: 50%; border-bottom: 1px solid black;">Consignee</td> </tr> <tr> <td>Originators, Inc</td> <td>Originators, Inc</td> </tr> </table>	Shipper	Consignee	Originators, Inc	Originators, Inc	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Bill of Lading Info </div> <p>Load Number: 1111</p> <p>Origin <u>Originators, Inc</u></p> <p>Destination <u>Destinations, Inc</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Info</td> <td style="text-align: center;">Signature</td> </tr> <tr> <td>* Shipper</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>* Consignee</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>* Carrier(s)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>* B/L Data</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="text-align: center;"> <input type="button" value="Delete"/> <input type="button" value="Notes"/> <input type="button" value="Main Menu"/> </p>		Info	Signature	* Shipper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	* Consignee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	* Carrier(s)	<input type="checkbox"/>	<input type="checkbox"/>	* B/L Data	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shipper	Consignee																			
Originators, Inc	Originators, Inc																			
	Info	Signature																		
* Shipper	<input checked="" type="checkbox"/>	<input type="checkbox"/>																		
* Consignee	<input checked="" type="checkbox"/>	<input type="checkbox"/>																		
* Carrier(s)	<input type="checkbox"/>	<input type="checkbox"/>																		
* B/L Data	<input checked="" type="checkbox"/>	<input type="checkbox"/>																		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Shipper Info </div> <p>Load Number: 1111</p> <p>Name <u>Originators, Inc</u></p> <p>Address <u>1111NW 12th St</u></p> <p>City <u>Blahville</u></p> <p>State <u>BL</u> Zip <u>99558</u></p> <p>Phone <u>99558</u></p> <p>Directions <u>The directions are too vague on this freight bill. Had to call shipper to get.</u></p> <p style="text-align: center;"> <input type="button" value="Sign"/> <input type="button" value="Cancel"/> <input type="button" value="Done"/> </p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Shipper Info </div> <p>Load Number: 1111</p> <p>Name <u>Originators, Inc</u></p> <p>Address <u>1111NW 12th St</u></p> <p>City <u>Blahville</u></p> <p>State <u>BL</u> Zip <u>99558</u></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Signature</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;"> <input type="button" value="Cancel"/> <input type="button" value="OK"/> </p> </div>																			

Consignee Info **Load Number:** 1111 Name Destinations, Inc Address 1515SW 11th Ave City Bordomville State BV Zip 115 Phone 111 111-1111 Directions No directions because it's very easy to find	**Consignee Info** **Load Number:** 1111 Name Destinations, Inc Address 1515SW 11th Ave City Bordomville State BV Zip 115 **Signature**
OSD Notes	**Carrier Info (1 of 1)** **Load Number:** 1111 Name Trucking Company, Inc. Tractor No 115 Trailer No 112 Trans Loc _____
Carrier Info (1 of 1) **Load Number:** 1111 Name Trucking Company, Inc. Tractor No 115 Trailer No 112 Trans Loc _____ **Signature**	**Bill of Lading Info** **Load Number:** 1111 Bill Number 2222 Shipping Date 7/20/00 Payment Callnet COD Amount 0.00 COD Fees 0.00 Charges Adv 0.00 Declared Value 1000.85

Fig. 14B

Bill of Lading Info		Sol Notes
Load Number: 1111		
Qty Description	Lbs HM	
100 A lot of stuff	500 S	
100 A lot of stuff	500 S	
(Add Items)	(Finished)	(Cancel) (Done)

Fig. 15

Driver Application	List
<p>Welcome!</p> <p>Please fill out as much of the following information as possible. You will need to have your driver's license, safety record, and employment history available.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> Cancel New Drive App </div>	<p>Name On Application John Andrews</p> <div style="border: 1px solid black; height: 100px; margin: 5px 0;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Delete Delete Delete </div>
<p>Personal Information</p> <p>Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State ▼</p> <p>Zip _____</p> <p>Phone _____</p> <p>E-mail _____</p> <p>SSAN _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> ↑ Cancel Continue </div>	<p>Driver's License Information</p> <p>License No. _____</p> <p>License St. ▼</p> <p>Expiration _____</p> <p>Birthdate _____</p> <p>Current CDL class? <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> A</p> <p>HazMat endorsed? <input type="checkbox"/> Yes</p> <p>Double or triple endorsed? <input type="checkbox"/> Yes</p> <p>Tank trailer endorsed? <input type="checkbox"/> Yes</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> ↑ Back Continue </div>
<p>Safety Record</p> <p><input type="checkbox"/> Any accidents in last 3 years?</p> <p><input type="checkbox"/> Any tickets in last 3 years?</p> <p><input type="checkbox"/> DUI/DWI in last 7 years?</p> <p><input type="checkbox"/> Ever convicted of a felony?</p> <p><input type="checkbox"/> Had license suspended/revoked?</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Back Continue </div>	<p>Types of Training</p> <p><input type="checkbox"/> Refuel Operations</p> <p><input type="checkbox"/> QualComm Operations</p> <p><input type="checkbox"/> Highway Master Operations</p> <p><input type="checkbox"/> Flatbed Rigging</p> <p><input type="checkbox"/> Car Hauling</p> <p><input type="checkbox"/> Household Movers</p> <p><input type="checkbox"/> Tanker Operations</p> <p><input type="checkbox"/> Electronics/Computer Transport</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Back Continue </div>
<p>Current Employer</p> <p>Company _____</p> <p>Address _____</p> <p>City _____</p> <p>State ▼</p> <p>Zip _____</p> <p>Phone _____</p> <p>E-mail _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> ↑ Cancel Continue </div>	<p>Current Employer</p> <p>Type of Work:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Start Date _____</p> <p>End Date _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Back Continue </div>
<p>Disclaimer</p> <p>I certify that I personally completed this application and that all of the information is true and correct. I hereby request and authorize any company that receives this application to cause to</p> <div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div> <p>Applicants Signature</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Disagree Agree </div>	